Harnett Regional Water 700 McKinney Parkway Lillington, NC 27546 Telephone: 910-893-7575 harnettwater.org

User: CPCIS2

POS

Date: 5/19/2023 18884

Receipt: 156008

Customer Account Name

064205

215844 CUMBERLAND HOMES

307 INDIGO ST

Misc Fees/POS/Sys Dev

WATER SYSTEM DEVE

2,000.00

3/4" AMI METER & MXU 1

325.00

SETUP FEE

15.00

Amount Due

1

\$2,340.00

GRAND TOTAL:

2,340.00

VISA

\$(2,340.00)

CONFIRMATION #2321

Total Payment:

\$(2,340.00)

BALANCE REMAINING

\$0.00

CHANGE

\$0.00

Trans Date: May 19, 2023

Time: 11:57:44AM

*** Thank You For Your Payment *** **** Enroll in Auto Pay Today ****

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY

Today's Date 5 19 23 Cont	Fees Due		25 Set Up Fee,
00.00	Date	Deposit, Rental, Water \$	25 all accounts: \$15
Date Service Requested 1	County Down to S. C. C.		50 Meter Fee: \$70
This agreement is to request the Harnett (the District's Rules and Regulations, to p	rovide water and for sewer	service connections at the follow	ring location: (LO+8)
Service Address: 301 In	digo St.	Lillington	, NC 2754V
OwnerRenter(PROPER	TY OWNER & PHONE NO.) _	910-883-	4345
APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST)		NAME (FIRST, LAST)	
Cumberland Homes, Iuc.		A00 00000	
MAILING ADDRESS:	121120/112		
108 Commerce	Dr. Du	nn. NC 283	34
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN	. CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME .		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #	
I, the undersigned, do agree to abide by make all payments on time when due a without further notice. In order for services resulting from court action to collect of less than \$1.00 will not be refunded. It sewer is being used, until the proper DAMAGE OR LOSS. Please ensure returned off before requesting water ser By signing this application, you are agree	s stated on the WATER/Sice to be restored, I will be to on an account will be the Property owners will be rety is sold or rented. It is presidence or facility is previce.	SEWER bill, the department has e required to pay ALL DUE and responsibility of the customer, responsible for a monthly bill rEARNETT COUNTY IS NOT epared for water connection. It	s the right to disconnect my service ounts plus a \$30 reconnect fee. Any FINAL BILLS with a credit balance egardless of whether water and/or FRESPONSIBLE FOR WATER
PEES: Set-Up Fee \$15Deposit \$	Same Day \$4	FOR OFFICEUSE ONLY 5Meter Fee \$70Damage	\$Other \$
AMOUNT PAID: Cash \$	Check \$_	Credit (Card \$
account # Transferred From:		_Date To Turn Off	*
CCOUNT #: CID: 064 205	LID: 215844	WATERSEWERCH	REDIT: APPROVED / DENIED
'urn On:Unlock Only:Read Only:Install: Customer Serv Rep:			